No. 1. υż

N.B.

RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH

See Instructions CAUSE OF Important.

PHYSICIANS should state of OCCUPATION Is very

1	PLACE	OF	DEATH	1	pag	9	5	1
	1		1-	f.	á	9	0	(

Village or City hear Donow thice me (No.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

fif death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE,  MARRIED,  WILDOWED,  OR DIVORCED  OR DIVORCED  (Write the word)  6 DATE OF BIRTH  (Month)  (Day (Year)	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, to 1913, that I last saw h ally on 1913.
7 AGE  1f LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:  Abilla mulkits
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) hear Darawi Lice and  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos. ds.  (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, or Homograph,
of Mother Susan armstrong  13 BIRTHPLACE OF MOTHER (State or country) near Armstrice and  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 422 W. armstrong	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  Af place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Angwisiu md Ross ( 16 Filed 1918 Reflag Sewell REGISTARR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9117. Worstley Cornellary Sec. 16, 1913. 20 UNDERTAKER ADDRESS Prilliam & Molliams Montherend

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the hisease causing hearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menhagitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid phenmonia"); Lobar pheumomia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephrilis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhanstion," affection need not be stated unless important. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Mcasics (disease cansing death), 29 ds., (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1914
BURBAU. V.S.

state Very 10)

SICIANS should OCCUPATION IS

90

statement

on back

See Instructions information

0

(Address)

piain

of inford

Item

-

ż

Every Item CAUSE OF Important.

WRITE

PHYSICIANS

RECORD

No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

LK	TIFICATE, OF	DE.	AIH	3	5
A.	Pedistration Diet	LAA.	.34		-
1	Pedictration Diet	No	00	2	

(Day

I HEREBY CERTIFY, That, I attended deceased from

Ward)

(Month)

(Duration)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

. ds.

In the

State \_\_\_\_\_ yrs.\_\_\_

MEDICAL CERTIFICATE OF

and that death occurred on the date stated above, at

, 191 ..... (Addrass)

DATE OF DEATH

The CAUSE OF DEATH\*

Contributory Secondary

(Signed)

At place

of death

Former or

usuai residence

[if death occurred la a hospital or Institution, give its NAME Instead of street and numbar.]

(Year)

PERSONAL	AND	STATISTICAL	PARTICULARS	

		*
n	rale Colored Single, MARQUES, Sing & ORDINGSCO (Write the word)	le
D/	TE OF BIRTH	
	(Month) (Day (Yes	43 ir)
A	69 yrs // mos // ds OR mil	hrs.
pai (b) bus	Trade, profession, or circular kind of work.  General nature of Indostry, ness, or establishment in hemployed (or employer)	
BI	State or country) nerset Country	nd.
	10 NAME OF JAMES Biring	2
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Someraet Co	,
2	12 MAIDEN NAME	

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

15 REGISTRAR REMOVAL

\_\_\_\_\_ yrs. \_\_\_\_ mos. ...

DATE OF BURIAL

20 UNDERTAK

OR RECENT RESIDENTS)

Where was disaase contracted.

If not at placa of death?

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

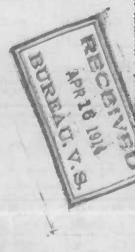


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningtis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent,) Never report



N. B.

#### AGE should be stated EXACTLY. PHYSIGIANS should state properly classified. Exact statement of OGCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH

17358

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of streef and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 25 , 1913 (Month) (Day (Year)
6 DATE	OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h
7 AGE	o / If LESS than	and that death occurred on the date stated above, at
	f day,hrs.	The CAUSE OF, DEATH* was as follows:
	yrs	no phyrician isematur buth
(a) Trac	JPATION de, profession, or ar kind of work.	Makling
business	peral nature of Indusfry, s, or establishment in mployed (or employer)	(Ouration) yrs mos ds.
9 BIRTI	HPLACE ate or country) Something and	Secondary Secondary
v 11	NAME OF FATHER Dowley BIRTHPLACE	(Signed) (Buration) yrs mos ds.  (Signed) Taul your M. D.
N 12	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13	BIRTHPLACE OF MOTHER (State or country) Another and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Info	mant) Seven Istarline	Former or usual residence
16	(Address) As out the and	My The stly Centery Lee 25, 1918
Filed_C	OLE 25 191 3 X CKOYSWILLA REGISTRAR	William S William Snow fils
	If more blanks are needed, address State Regist	trar C W Branklin St Balta Beauting V S N.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," geuitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for Never report



item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very sant. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

CAUSE OF I

N. B.

No.

vi

RECORD

1 PLACE OF DEATH 17359 County Worcester Village or City

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

THE PARTY OF THE P	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Fernale White (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
SDATE OF BIRTH Don't / Sout / Survey 1836 (Month) (Day) (Year)	that I last saw he alive on Dec 1912
7 AGE  If LESS than f day, hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work Acoust Received  (b) General nature of industry, business, or establishment in which employed (or employer)	Swas Called to see for 3 lags rafin he death Was attended by Burngs (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Ly angland	(Secondary)  (Duration)  yrs mos ds.
11 BIRTHPLACE OFFATHER (State or country) for any land	(Signed), 191 (Address), M. D.  *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Change land	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Ima James & Towns and	of death yrs mos ds. Stale yrs mos ds  Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) Snow fiel	19 PLACE OF BURIAL OR REMOVAL  ME Learning Towards, DEC 23, 1913.  20 UNDERTAKER  ADDRESS
Filed 1222, 1913 (ELOS SHULL) REGISTRAR	W. T. Hearns Snow Hill





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of cause of death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purperal septichae inus," "Old Age," "Shock," "Traemia," "Weakness," sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_\_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_\_ (name origin; "Can State cause for Examples:



PERMANENT CAUSE OF important. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Werech Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution give its NAME Instead ot street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, Wello ORDIVORCED Write the word) (Month) HEREBY CERTIFY. That I attended deceased from that I last saw have alive on (Month) (Day (Year) it LESS than and that death occurred on the date stated above, at. 1 day ......hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) .. Contributory 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... mos. .... . ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. if not at place of death? Former or usual residence. DATE OF BURIAL 16 20 UND REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without, more precise specistatement. been changed or given up on account of the misease of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, ness of various parsuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: -Coal

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia ample: Mcasics (disease causing death), 29 ds.; is less definite; avoid use of "Tnmor" for malig-The contributory tetanus) Always qualify all diseases resulting from (Recommendatious on statement of may be stated under the head of (secondary), 10 ds. Never report (secondary or intercurrent) cause for FOI VIO-



j.
No. 1
<i>vi</i> 2

#### ERMANENT UNFADING PLAINLY

t.	Y	
sta	76	
pinc	2 19	
sho	IO I	
INS	PA	
C	ರ	
HYS	0	
Ω.	nt c	
I.Y	me	
AC	state	
M	ct 2	
ated	Exa	
s st	Ď.	
Q P	siffe	
non	clas	
10	rly	
AG	rope	
Ď.	0	
plile	y b	
Bu	E	ate.
fully	t It	Hiles
are	tha	cer
90	80	10
ם ם	m's'm	back
hou	ter	60
no	Iain	Suc
nati	ln r	ucti
forn	H	nstr
If In	DEA	ce I
t. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	mportant. See instructions on back of certificate
Ite	F	tant
rery	AUS	IDOL
E	Ü	-
. B.		

STATE OF MARYLAND 1 PLACE OF DEATH 17361 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.;.....Ward) (No ... a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at ...... 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which amployed (or employer) ..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... vrs. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



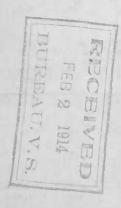


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ncss. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cunmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," Never report



Registered No

St ;.....Ward)

[If death occurred in a hospital or Institution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
18 DATE OF DEATH LLC	30 ,1913
(Month)	(5)
111	t I attended decessed from
Alec 30, 1913, to 1	ec 30 191
hat I last saw here. alive on Al	
and that death occurred on the date stat	ed above, at & 12 m.
The CAUSE OF DEATH* was as follows	
Δ	**************************************
111/20 20	one of herm
	mening of mening
(Ouration)	yrs. o mos ds.
Contributory	
(Secondary)	***************************************
(Duration)	yrsmosds.
(Signed) Ca Hoela	
(Signed)	M. D.
Nec 31, 1913 (Address) W	haley ville !
*State the DISEASE CAUSING DEATH, O	r. In deaths from Violent
CAUSES, state (1) MEANS OF INJURY; a	and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	.S. INSTITUTIONS, TRANSIENTS,
At place In the	
of death yrs mos ds. State Where was disease contracted.	yrs, mos ds.
If not at place of death?	
Former or	
usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Wilande Some	Fee 3/, 1913
20 UNDERTAKER	ADDRESS





[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: But ln many "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puenpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably thenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death). 29 ds.: valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Aceidental drowning; Struck by railray train-acet-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "fan-Never report Examples: cause for For vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 2 1914
BURBAU, V.S.

#### OCCUPATION RECORD PERMANENT 4 prope UNFADING of DE OF Every Item CAUSE OF Important.

50

bad

Instructions

state

17363 STATE OF MARYLAND CERTIFICATE OF DEATH mouester Registration Dist. No Ilf death occurred lo St.:....Ward) a hospital or institution, give its NAME instead of street and number.] ara Freman PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Montb) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ...... 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. .... State ..... yrs, \_\_\_\_ mos. ... .. mos. Where was disease contracted. If not at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrat 6 E. Franklin St., Balto, Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic, mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by curbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for maligate The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very Exact statement

> CAUSE OF Important.

0

RECORD PERMANENT 'PLACE OF DEATH 17364

Village or City hear Truesdship (No.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3

St .: Ward)

if death occurred in a hospital or institution. give its NAME Instead

2 FULL NAME Margard, J. Dan	res f
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALL White Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word) Wydods	DATE OF DEATH  (Month)  (Day  (Year)  17  [HEREBY CERTIFY. That   attended deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw has allve on Dec 8, 1918
7 AGE  If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work	dujnentoso
(b) General nature of Industry, business, or establishment in which employed (or employer) Thomas Keeps	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory Secondary  (Burglian)
10 NAME OF Thenry Lmack	(Signed) (Signed) (Address) Birthoforice M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death
(Informant) Auch - Sawing	If not at place of death?  Former or  usual residence.
(Address) Bellin and K. J. Lo	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DEC 12, 1913 So Clones.	Overgreen Cerneley Bellin de CAR 1913
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenela-"Contributory." ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatie), "Atrophy," cer" is less defiuite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. No. 1.

PLACE OF DEATH

17365

CERTIFICATE OF DEATH

Registration	Dist.	No

STATE OF MARYLAND

Village or City Poemste (No. ,	Registration Dist. No.  St.; Ward)  St.; Ward)  If the death occurred in a hospital or institution give its NAME losteau of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY. That I strenged deceased from
March 2/ , 1863 (Month) (Day) (Year)  7 AGE 11 LESS than	that I last saw here alive on week 20, 1913, and that death occurred on the date stated above, at 3/5/m.
s occupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 DISTHELACE  11 DISTHELACE  11 DISTHELACE  12 DISTHELACE  13 DISTHELACE	Contributory was ds.  Contributory was being bei
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1917 Polyment of the REGISTRAR  If more blanks are needed, address State Registrar	20 UNDERTAKER  PLETINGE BY PLETINGE  6 E. Franklin St., Balto., Eequesting V. S. No. 1.



#### •

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purreral septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measics (disease causing death), 29 ds.: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritin nant neopiasms); Mcasles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the -Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 17366	STATE OF MARYLAND CERTIFICATE OF DEATH
County Warcold	Registration Dist. No. 357
Village or City know Hill (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, OROSYORED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
B DATE OF BIRTH  GOV.  (Month)  (Day)  (Year)	that I last saw here alive on Ala 25th 1913
7 AGE   it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
e occupation  (a) Trade, protession, or particular kind of work  (b) General nature of Industry,	meumoria )
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Many Cary	(Buration) yrs. mos /5 ds.  Contributory Cleach disease (Secondary)  (Duration) yrs. mos ds
10 NAME OF FATHER bhas. Davis	(Signed) Paul Jones, M. D.
OF FATHER (State or country) on any land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Ely obits White  13 BIRTHPLACE OF MOTHER (State or country) Lang Can 8	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the of death
(Intermant) Claud bydes	It not at place of death?  Former or usual residence
15 15/26 100 FERON SINTS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  By P Cernitry Snow Hill Lee 8, 191.3.  20 UNDERTAKER ADDRESS
REGISTRAN  If more blanks are needed, address State Regis trar, 6	W. P. Stramo Snow Hill Brid



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will he sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"), Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puerperal scottchae oma. Sarcoma. etc., of \_\_\_ sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Figart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and quality as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. . Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples: FOF VIO



	9	
X	2	1
10	)	

(b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE

OF FATHER (State or country)

PARENTS

15

See instr

CAUSE OF important.

should state

ECORD	HYSICIANS .	
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENI RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI	
PERS	stated E	
2 2	should be	
NA-IN	AGE a	
DINC	supplied	ate
AL C	carefully to that it	of cortific
L. WITH	terms.	Park of
LAINE	rmation s	See instructions on back of certificate
KILE	of info	See inch

PLACE OF DEATH 17367 Morrisler PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVERCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE It LESS tha t day,.....hrs OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work.

(Year)

REGISTRAR

If more blanks are needed, address State Re

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

It death occurred in a hospital or institution. give its NAME instead of street and number. ]

6 DATE OF DEATH	SEC	12	
	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, Tha	t I attended de	ceased fro
100 18	191 F . to	12-12	191
hat I last ssw h. L. a			
and that death occurred	on the date state	ed above, at	120
The CAUSE OF DEATH			
1			
	man	<b>4</b>	
f. Date A.			
	· · · · · · · · · · · · · · · · · · ·	*** ***********************************	
	(Dyratioo)	угв	moso
Contributory	// 00	7	~
Secondary			
	(Duration)	угз	mos Z. 8
	1/	yrs	
(Signed) CCC	(Duration)		mos. Z. 8
(Signed) 22 12-12,1913	fail.	)····	, N.
12-12,1913	(Address)	o work	CL
12-12,1913	(Address)	o work	CL
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM	(Address) CAUSING DEATH, ANS OF INJURY; ICIDAL.	or, in deaths f. and (2) wheth	om Viole
12-12,1913	(Address)  Causing Death, ans of Injury; icidal.	or, in deaths f. and (2) wheth	om Viole
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS) At place	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL	or, in deaths fand (2) wheth	rom Viole her Accide
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS) At place of deathyrsmos	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  In the sds. State	or, in deaths f and (2) wheth	rom Viole her Accide
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS OR RECENT RESIDENTS At place of death	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  S. ds. State	or, in deaths fand (2) wheth	rom Viole her Accide
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS) At place of death yrs. mos Where was disease contracted, it not at place of death?	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  S. ds. State	or, in deaths fand (2) wheth	rom Viole her Accide
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS OR RECENT RESIDENTS At place of death	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  S. ds. State	or, in deaths fand (2) wheth	rom Viole her Accide
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDER OR RECENT RESIDENTS) At place of deathyrsmo Where was disease contracted, it not at place of death? Former or	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  In the S ds. State	or, in deaths fand (2) wheth	rom Viole er Accide , TRANSIEN
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS) At place of death yrs. mo: Where was disease contracted, it not at place of death? Former or usual residence.	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  In the S ds. State	or, in deaths fand (2) wheth	rom Viole er Accide , TRANSIEN
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDENTS) At place of death yrs. mo: Where was disease contracted, it not at place of death? Former or usual residence.	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  In the S ds. State	or, in deaths fand (2) wheth	TOM VIOLE REF ACCIDED TO THE ACCIDENT THAN SIEN MOS.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  *BLENGTH OF RESIDER OF RECENT RESIDENTS) t place i death yrs mothere was disease contracted, not at place of death? former or sual residence.	(Address)  CAUSING DEATH, ANS OF INJURY; ICIDAL.  NCE (FOR HOSPITAL  In the S ds. State	or, in deaths fand (2) wheth	TOM VIOLITIES ACCIDED TO THE ACCIDED



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuladditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "PUERPERAL scptichae-"Exhaustion," Never report



#### RECORD PERMANENT 2 DEATH PO CAUSE

back

Instructi

Important.

17368 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Works Registration Dist. No It death occurred in St.: Ward) a hospital or institution. give Its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, Manie 1910 ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH \* was as lollows: OR ..... ? arisis 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_ mes. Where was disease contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAR REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### .0

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tubercylesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the geultal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



supplied. of Info

should state

RECORD

OCCUPATION

classified.

properly

pe

may

20 50

terms,

plain

5

Item E OF

m

instructions

Important. Every it

certifica

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) 8 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment lo which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not at place of death? Former or usual residence 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

It death occurred in

a hospital or institution,

give its NAME instead of street and number.]

In the

State ..... yrs ..... mos.

DATE OF BURIAL



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: should be taken to report specifically the occupations gainfuily employed, as At school or At home. mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

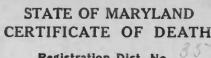
sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUTEPTEAL septichac--Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of \_\_ (name origin; "Can-State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

1 PLACE OF DEATH 17370 County



Registration Dist. No.

Ward)

It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wile the work)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH /872	
(Month) (Day (Year)	that I last saw halive on
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at
21 / yrs 0 mos 25 ds 0 no 25 ds 0	The CAUSE OF DEATH* was as follows:
8 OCCUPATION 4	There was no Tupician
(a) Trade, profession, or 400 cese cues	of De change Care
(b) General nature of industry,	willing 1 Hour how time ) aken
business, or establishment in Wash would	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF Ohn warshall	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OFPATHER (State or country)  Whatever the country of	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Col april o Mensels	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	At place in the
(State or country)	ot death yrs mos ds. State yrs mos ds  Where was disease contracted,
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Cultures America	Former or usual residence
(Address) Stocklow hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Slocklow froman countary 12/6/1913
Filed 12/6/, 1913 Ill Pegle REGISTRAR	2º UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



#### •

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cauis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for Never report



Registration Dist. No OCCUPATION .....Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE, MARRIED, WIDOWED, (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 10 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 properly BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry. business, or establishment in may which employed (or employer) ..... <sup>9</sup> BIRTHPLACE (State or country) (Secondary) Œ 10 NAME OF FATHER 80 ō MARGIN 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOVENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE \_ At place in the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State Where was disease contracted. if not at place of death? of I DE Former or Item usual residence. Every Item CAUSE OF Important. PLACE OF BURIAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred in

a hospital or institution.

give its NAME lostead of street and number.]

(Day)





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Surcoma. etc., of \_\_ mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never repor Examples: FOI VIO



OCCUPATION IS PHYSICIANS St: RECORD ō PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. DNIONID Write the word) Exact stated S DATE OF BIRTH classified. 4 (Month) (Day) (Year) 7 AGE it LESS than S pinons 0 1 day, .....hrs. THIS OR ..... min. ? properly AGE 8 OCCUPATION (a) Trade, protession, or 0 ZX particular kind of work RESERVE (b) General nature of industry, supplied. pe WITH UNFADING business, or establishment in be carefully supplies, so that it may it which employed (or employer) State or country) 10 NAME OF FATHER MARGIN PARENTS terms, n back 11 BIRTHPLACE OF FATHER (State or country) should 00 PLAINLY. 12 MAIDEN NAME DEATH in plain See Instructions o OF MOTHER of Information 13 BIRTHPLACE OF MOTHER (State or country) DEATH WRITE Every Item CAUSE OF Important. 15 m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

17372

1 PLACE OF DEATH

County Morcuter

state

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.Ward)

It death occurred in a hospital or institution, give its NAME instead et street and number. I

MEDIC	AL CERTIFICA	ATE OF	DEATH	
16 DATE OF DEATH	Dec		31	. 191.3
	(Mo	nth)	(Day)	(Year)
- h	EBY CERTIFY,	That I at	21	ssed fro
that I last saw h &			31.6	, 191
and that death occurre	d on the date	stated ab	ove, at	n
The CAUSE OF DEAT	//	ows:	ima	
Contributory PA	(Duratio	Ary 1	yrspo	· 3 ·
(Signed) (Signed) , 1919	Ousley (Address)	les	yrs mo	s. ds , M. D
*State the DISEASE CAUSES, state (1) M. TAL, SUICIDAL, OF HO	CAUSING DEATH	n, or, ln r; and (	deaths from 2) whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death	os ds. :	the State		
Duker Con	OR REMOVAL	D	ATE OF BU	RIAL, 1913
20 UNDERTAKER		10A	DDRESS	

ż



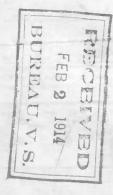


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease eausting death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause. Always quality all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Tuesperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure." "Haemorrhage," "Inanition," "Maran-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Mcasles; Whooping cough; Chronio lnjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for tetanus) may be stated under the head "Senife." etc.), "Dropsy," (Recommendations on statement of ... (name origin: "Can death), 29 ds. "Exhaustion," Examples: For vio-



vi

2

ż

#### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. that It may be WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s. Important.

See instructions on back of certificate.

PLACE OF DEATH

County Moreisty

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.. Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

Recorda

		21
ULL	NAM	E Hou

FULL NAME House	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	6 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from
(Month) (Day (Year)	that I last ssw h alive on
7 AGE  If LESS than 1 day,hrs.  ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmenf in which employed (or employer)	Still Bru  (Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Gontributory
O 11 BIRTHPLACE OF FATHER OF FATHER (State or country)	(Signed) January (M. D. Address January City)
M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Bugge Destree	If not at place of death?  Former or  Usual residence
(Address) A Laure he liey. Med,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DICE 25, 1913.
Filed NEC 27, 1917 John / Hellum REGISTRAR	20 UNDERTAKER BAR PURANTE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Can childbirth or miscarriage as "Puerperal septichae etc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakbess," "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio genital," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	D a
	Shot
0	PAT
ORI	CCU
EC	HYS f O
2	nt o
EN	TLY.
AN	XAC
RM	B C F
PE	tate Ex
4	be s
IS	assi
HIS	sho y cl
F	GE
NK	Pro
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	plied be
NID	sup ma
FA	t it
S	tha
Ξ	be k
W	rms
χ.	sho n te
N	lon pial
LA	in
Ш	Info ATH inst
RIT	of DE See
3	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	usE Jorta
	CAL
	<b>m</b>
	Z

1 PLACE OF DEATH 17374 County Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

[If death occurred to a hospital or lostitution, give its NAME instead

	* FULL NAME Baley Orice	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED (Write the word)  8 DATE OF BIRTH  (Month)  (Day) (Tear)		(Month) (Day) (Year)  I HEREBY CERTIFY. That I attended deceased from	
		that I last saw h alive on 1913	
7 A	If LESS than	and that death occurred on the date stated above, at	
pa (b) bus whi	) Trado, profession, or rflicular kind of work	Gontributory (Secondary)	
11 BIRTHPLACE OF FATHER (State or country) Turkurururururururururururururururururur		(Signed) Low L. Muly M. D. Dic 26 131 3 (Address) Suproffice Mul	
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted,	
		If not at place of death?  Former or osual residence	
15 FII	ed Dec 26, 1913 Le Roy Suit	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Dec 26, 1913  20 UNDERTAKER  ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral scottchac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urnemia," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report Examples:



### PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PHYSICIANS should state of OCCUPATION IS Very stated EXACTLY. Important. See Instructions B.-Every Item CAUSE OF

17375 1 PLACE OF DEATH County Worslor

Berlin md (No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 355

Ward)

[if death occurred in hospital or Institution

	FULL NAME Susie Purn	give its NAME instruction of street and number			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
35	ex 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH	(Month) BY CERTIFY, That	28 (Day	, 191.3 (Year)
6 D	ATE OF BIRTH  Lee 23, 1913.  (Month) (Day (Year)	that I last saw h	, 191, to		, 191
7 A	(=000)	and that death occurre The CAUSE OF DEATH No Le w	* was as follows:		m
(a pa (b) bus wh	CCUPATION ) Trade, protession, or irticular kind of work ) General nature of industry, siness, or establishment in inch employed (or employer)  IRTHPLACE ((State or country)  Mun, land	Contributory Secondary	Sevens Marion)	yrs	mosds.
TS	10 NAME OF FATHER AND MOUNT  11 BIRTHPLACE OF FATHER	(Signed), 191		*************************************	, M. D.
PAREN	(State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  LUSIE Purnell	*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HO	EANS OF INJURY; MICIDAL.	and (2) whetl	her Acciden-
14	13 BIRTHPLACE OF MOTHER (State or country) Manyland THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE (Informant) Lidney furnell	At place of death yrs m Where was disease contracte if not at place of death? Former or usual residence	os ds. State d,	yrs,	mos ds
	(Address) Bulin Md	19 PLACE OF BURIAL	OR REMOVAL	DATE OF E	BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

15





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement: Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Arehiteet, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be Indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as childblrth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sareoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of State cause for



BIND
_
n
u_
FOR
Ü
RVED
C
(C)
T.
Ľ
Z
O
2
MARGII

S. No. 1.

Ď ż

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PHYSICIANS RECORD PERMANENT stated EXACTLY. 4 AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS -Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. See instructions on back of certificate.

17376 PLACE OF DEATH

County Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward) .St.;....

Ilf death occurred in a hospital or Institution,

*FULL NAME Baby Stevens	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Polored 5 SINGLE, MARRIED, LUGGE ORDIVORCED (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH  1020. /4th , 1919  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	no De in allendance  (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) World for	Contributory Secondary  (Ogration)
of Father Grong & arthur Stevenson  11 BIRTHPLACE OF FATHER (State or country)  Maryland.	(Signed) Etoy Suuth 2 1.0g, W. D.
of MOTHER Sallie Clipabeth Rowley	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death?
(Informant) harry 6- Parker  (Address) Girdle Frehod	Former or usual residence
Filed 12/20, 191 3 Lekon Swith	Girolo Free Dec 18th, 1913  20 UNDERTAKER  Chomas Stevenson Girole, tree

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





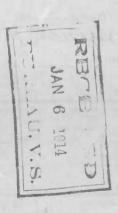
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it-should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: But iu many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmenmonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver acound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



### RECORD PERMANENT UNFADING WRITE

should is OCCUPATION .Ward) PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE It LESS than 1 day ..... hrs. OR ..... min. ? ....mos..... 8 OCCUPATION (a) Trade, profession, or particular kind of work... supplied. (b) General nature of industry. business, or 'establishment in which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 10 back ARENTS 11 BIRTHPLACE 191.3 (Address) OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER instructions piai OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. DEAT Where was disease contracted, If not at place of death?.... Former or OF usual residence. mportant. Every 15 ANDERTAKER REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred la a hospital or institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

(Month) I HEREBY CERTIFY. That I attended deceased from that I last ssw h alive on 191 and that death occurred on the date stated above, at..... The CAUSE OF DEATH\* was as follows: (Duration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ..... yrs. \_\_\_\_ mos. .... ds DATE OF BURIAL

ADDRESS





# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Consus and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foremau," (%)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

thenia," "Auaemia" (mercly symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "As-Bronchopneumoniu (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 "Exhaustiou,"



V. S. No. 1.

N. B.-

C	ounty Worces tea	CERTIFICATE OF DEATH
		Registration Dist. No. 200
٧	illage or City Berlin (No. ),	St.; Ward)  [It death occurred to a hospital or institution give its NAME instead of street and occiber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male Leve Single,  Marrieo,  Wirewer,  Orphyracero (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	bee 21 , 191 3 to Dec 24 191 3
	Jan. 15, 1884	that I last saw h allycon Loc 7 4 1913
7 A	(Mooth) (Day) (Year)  GE   If LESS than	/ Q A
A	1 day,hrs.	and that death occurred on the date stated above, at
	mos, ds. OR min. ?	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or Puning Elevator	Prelmonery Tubuculos
	General nature of Industry,	
	lness, or establishment in	(Ouration) yrs. 4 mos. ds.
9 8	IRTHPLACE tate or country)  MR	(Secondary)  (Ouration) yrs mos ds
10 NAME OF PATHER COSING L. Horren An		(Signed) State for the M. D.
NTS	OF FATHER (State or country)	*State the DISHARD CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER		CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
Д.	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Åt place
		of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Interment)	Former or usual residence
15	(Address)	It Pauls Cerele Date of Burial Dec 26, 1913
Flied Dec 26 1913 & Open		20 UNDERTAKER . ADDRESS
Fil	Fice REGISTRAR	ate Sembour the Bestin med
	f more blanks are oeeded, address State Registra	r, C. Franklin St., Balto., Requestiog V. S. No. 1.

STATE OF MARYLAND

17378

1 PLACE OF DEATH



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative licalthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) sucb, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis uant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... "Contributory." Bronchopncumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



### PERMANEN UNFADING

state SICIANS should 0 back Instructions ā DEATH OF mportant. CAUSE 10

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH In or ces les County..... 350 Registration Dist. No. It death occurred in .....Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Dav TAGE if LESS than and that desth occurred on the date stated shove, at \$20. 1 day, ....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Esta (Duration) & O\_vrs. 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address). OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country State ..... yrs, \_\_\_\_ mos, \_\_\_ ds \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR a comuka If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasopsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Puerperal septichae-"Exhaustion," Never report

